

Name
in
Full

Carl aaron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

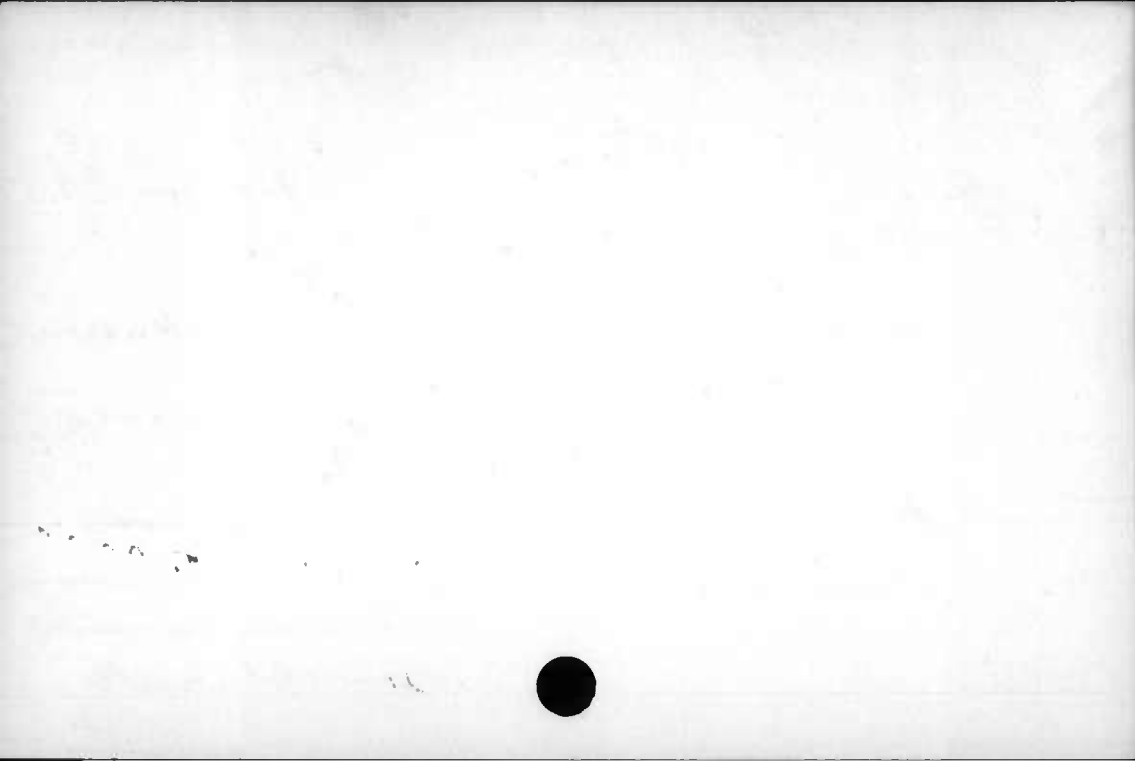
Died at <u>Justin Creek</u> Town		<u>For</u> County		MARYLAND	
Date of death	<u>1904</u>	Month <u>Nov</u>	Day <u>21</u>	Age <u>—</u> Years	Months <u>6</u> Days <u>25</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>—</u>		Where Residing if not at place of death	<u>Justin Creek</u>	
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband	<u>—</u>	
Father's Name	<u>Henry aaron</u>		Father's Birthplace	<u>Barn island</u>	
Mother's Maiden Name	<u>Edara Fletcher</u>		Mother's Birthplace	<u>golden Hill</u>	
Name of person giving information	<u>Henry aaron</u>		How related to deceased	<u>father</u>	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

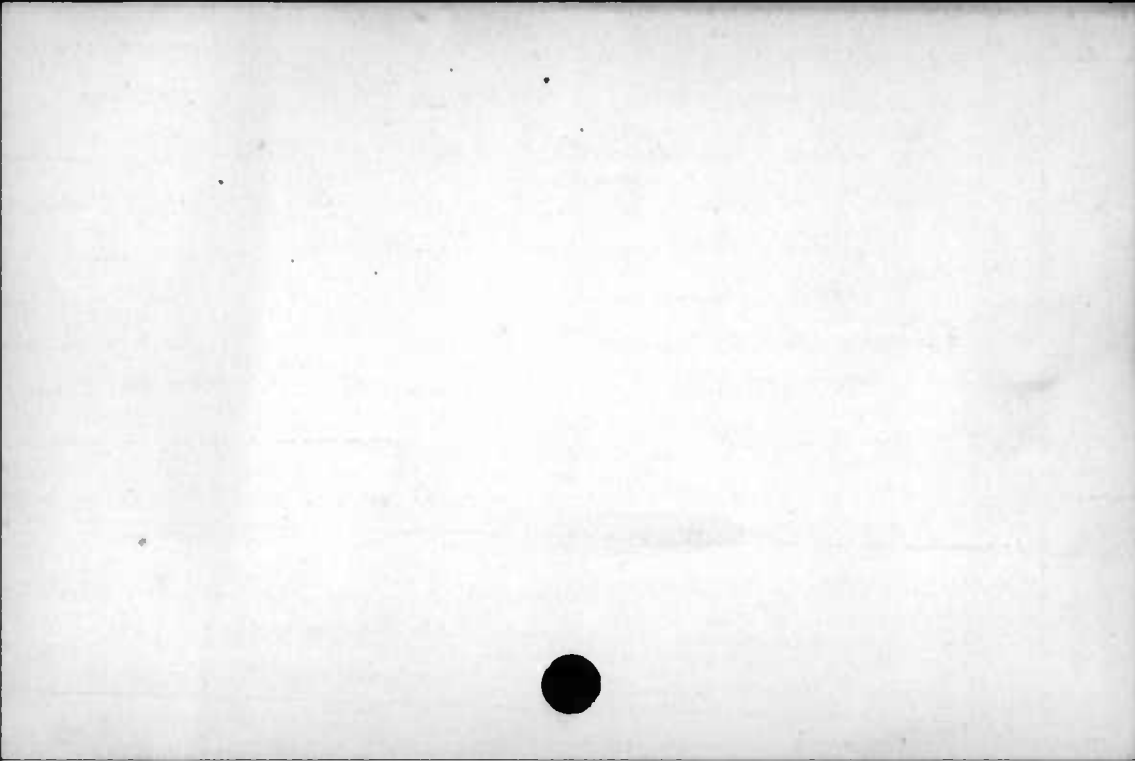
Primary	<u>Brachialgia</u>	<u>Bronchitis</u>	How long	<u>10 Hours</u>
Immediate	<u>—</u>		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<u>Yes</u>		<u>W H Houston</u>	<u>Justin Creek Md</u>	
Accident or Suicide?		<u>—</u>		



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
JOSE LEON ANGULO		Church Creek		Dorchester				MARYLAND			
Date of death		1907	Month November	Day 25 th	Age 1	Years	Months 4	Days 10			
Sex		Male		Color or Race		Col.		Birth-place		Bridgeton, N.J.	
Occupation		Infant		Where Residing if not at place of death							
Married, Single or Widowed		Infant		Name of Wife or Husband		Infant					
Father's Name		Unknown - adopted				Father's Birthplace		Unknown			
Mother's Maiden Name		Unknown - adopted				Mother's Birthplace					
Name of person giving information		Jose Angulo				How related to deceased		none			
		CAUSES OF DEATH				(105)					
Primary		Enteritis				How long		6 mos.			
Immediate		Inflammation				How long		unknown			
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		R. L. Livingston			
						Address		Church Creek Md.			
Accident or Suicide?											



Name in Full		Leon J. Berkeley				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND			
		Date of death <u>1907</u>		Month <u>Nov.</u>	Day <u>28th</u>	Years <u>—</u>	Months <u>5</u>	Days <u>—</u>	
		Sex <u>Male</u>		Color or Race <u>colored</u>		Birth place <u>Cambridge</u>			
		Occupation <u>Infant</u>		Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
		Father's Name <u>George Berkeley</u>				Father's Birthplace <u>Neomies Co.</u>			
		Mother's Maiden Name <u>Sarah Corvish</u>				Mother's Birthplace <u>Bucktown</u>			
		Name of person giving information <u>George Berkeley</u>				How related to deceased <u>Father</u>			
		CAUSES OF DEATH				93			
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>				How long <u>Just know</u>			
		Immediate <u>Heart Failure</u>				How long <u>very short</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>E. E. Wolff</u>			
						Address <u>Cambridge, Md.</u>			
		Accident or Suicide? <u>—</u>							



Name
in
Full

Mary Cephus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

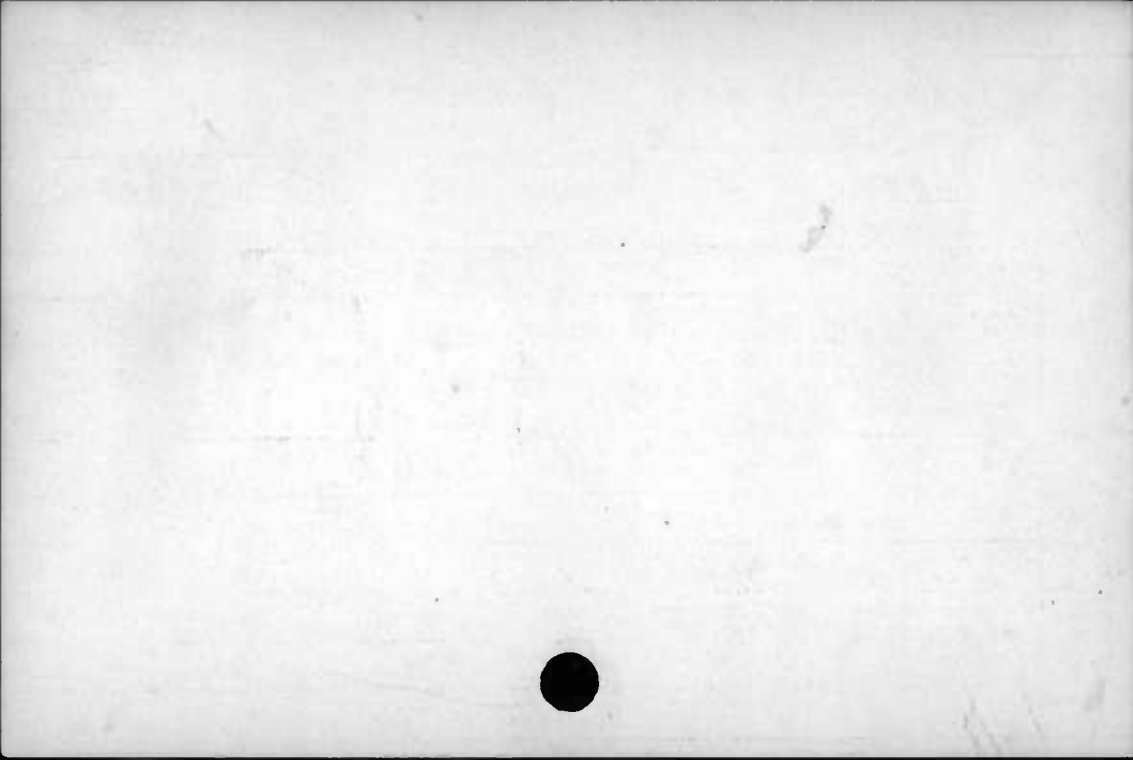
Died at <i>Bucktown</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <small>Month</small>	<i>3d</i> <small>Day</small>	<i>22</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birthplace <i>Bucktown</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Cephus</i>	Father's Birthplace <i>Bucktown</i>		Mother's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Harriet Perry</i>	Name of person giving information <i>James Pinder</i>		How related to deceased <i>Niece</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Bad Burns</i>	How long <i>3 months</i>
Immediate <i>Gracual exhaustion</i>	How long <i>4 lingering death</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>
	Address <i>Clement Sullivan</i>
	<i>Sub-Registrar</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}	
		Date of death <u>1907</u> ^{Month} <u>Nov.</u> ^{Day} <u>19</u>		Age <u>—</u> ^{Years} <u>2</u> ^{Months} <u>—</u> ^{Days}	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
		Occupation <u>None</u>	Where Residing if not at place of death <u>Cambridge Md.</u>		
		Married, Single or Widowed <u>—</u>	Name of Wife or Husband		
		Father's Name <u>Wilbur A. Clark</u>	Father's Birthplace <u>Maryland</u>		
		Mother's Maiden Name <u>Eliizabeth Sellers</u>	Mother's Birthplace		
Name of person giving information <u>Franklin A. Clark</u>		How related to deceased <u>Grand father</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; font-size: 2em; font-weight: bold;">150</div>					
PHYSICIAN OR CORONER		Primary <u>Congenital Cardiac Lesion</u>		How long <u>2 mos.</u>	
		Immediate <u>Cardiac Failure</u>		How long <u>very short</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. E. Wolff</u>	
		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>		Address <u>Cambridge, Md.</u>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

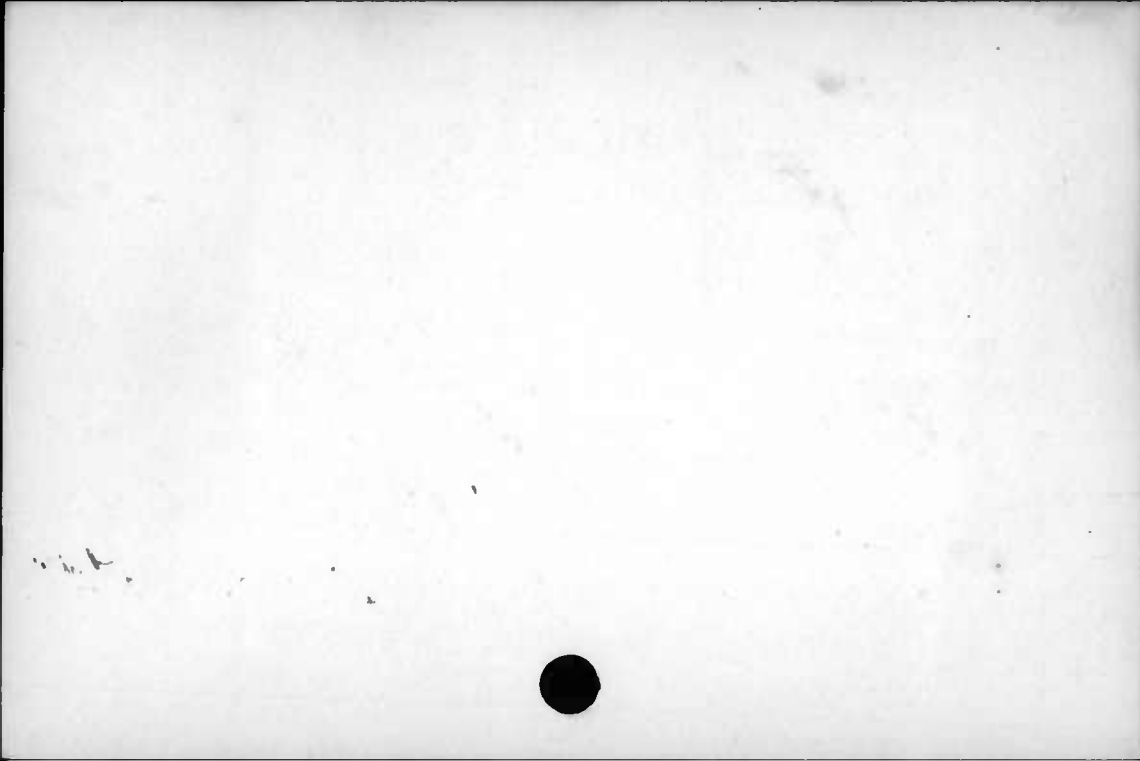
Died at <i>East New Market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>17</i>		Age <i>28</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Delaware</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Jenkins</i>					
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Henry Jenkins</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>don't know</i>
Immediate <i>Tuberculosis Knee Joint</i>	How long <i>2 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward L. Jones</i>
	Address <i>East New Market, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

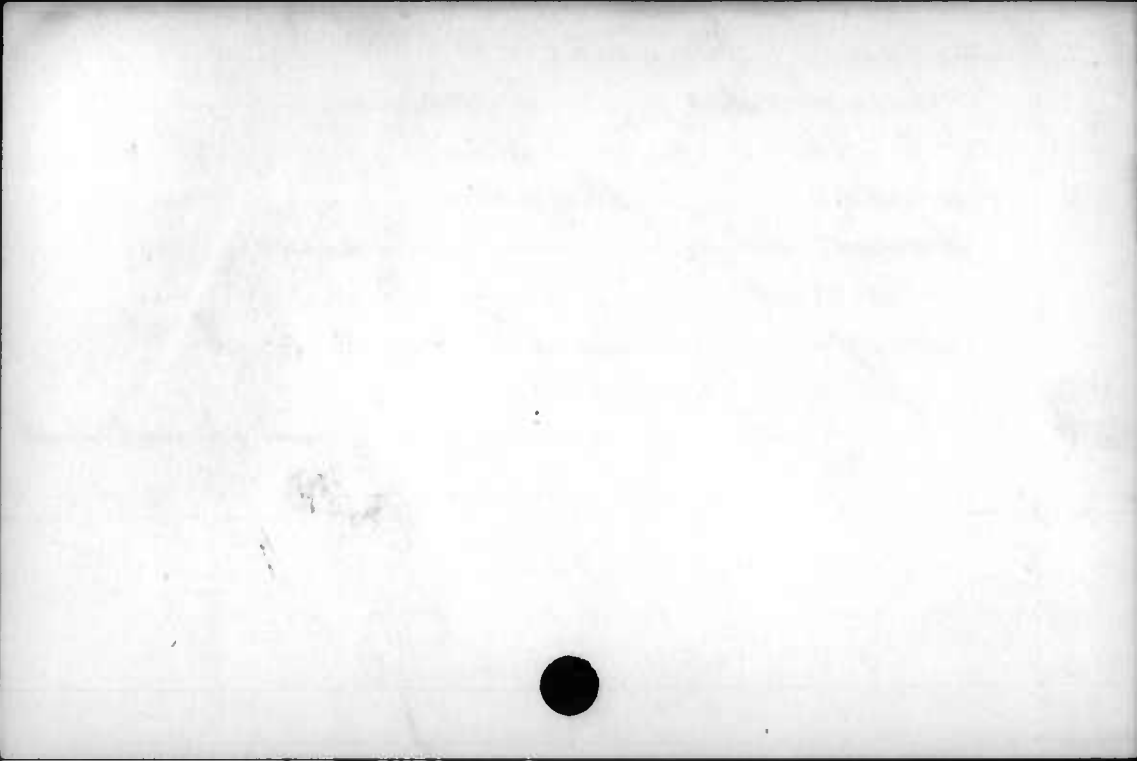
Died at Cambridge ^{Town}		Dorchester ^{County}		MARYLAND	
Date of death 1904	May ^{Month}	28 ^{Day}	46 ^{Years}	35 ^{Months}	35 ^{Days}
Sex Male	Color or Race Colored	Birth place Dorchester Co			
Occupation Salvage General	Where Residing if not at place of death _____				
Married, Single or Widowed Single	Name of Wife or Husband _____				
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name Sachie Cornish	Mother's Birthplace Dorchester Co				
Name of person giving information Sam Cornish	How related to deceased Cousin				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long Two months
Immediate Anemia	How long several weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dexter B. Reynolds M.D.
	Address Cambridge Md
Accident or Suicide? No	



Name
in
Full

Francis Driver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

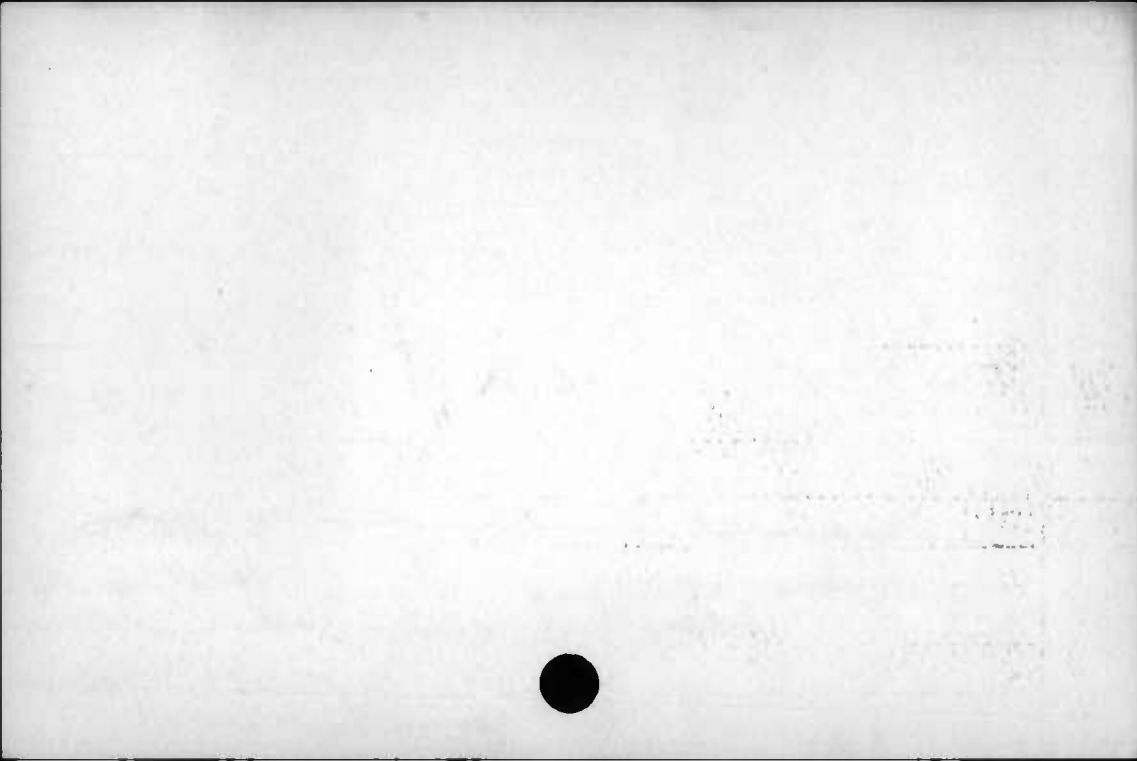
Died at <u>Cambridge</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>16</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>52</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>W.D.</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Driver</u>				
Father's Name <u>George Patterson</u>	Father's Birthplace <u>W.D.</u>				
Mother's Maiden Name <u>Jane Janssen</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>John Driver</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of Uterus</u>	How long <u>6 months</u>
Immediate <u>Peritonitis general</u>	How long <u>three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dexter P. Reynolds M.D.</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Philip Hamilton Gore

CERTIFICATE OF DEATH

Town

County

Died at

Golden Hill

Dorchester

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

Nov

2nd

Age 2

1

14

Sex

Male

Color or
Race

white

Birth-
place

Golden Hill

Occupation

Where Residing if not
at place of death

Golden Hill

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John C Gore

Father's
Birthplace

Dor Co

Mother's
Maiden Name

Clara B Breckin

Mother's
Birthplace

Dor Co

Name of person giving
In formation

John C Gore

How related
to deceased

Father

CAUSES OF DEATH

not known

Primary

Unknown

How long

Unknown

Immediate

Unknown

How long

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Probably

Signature of
Physician

R. L. Livingston M.D.

Address

Church Creek, Md

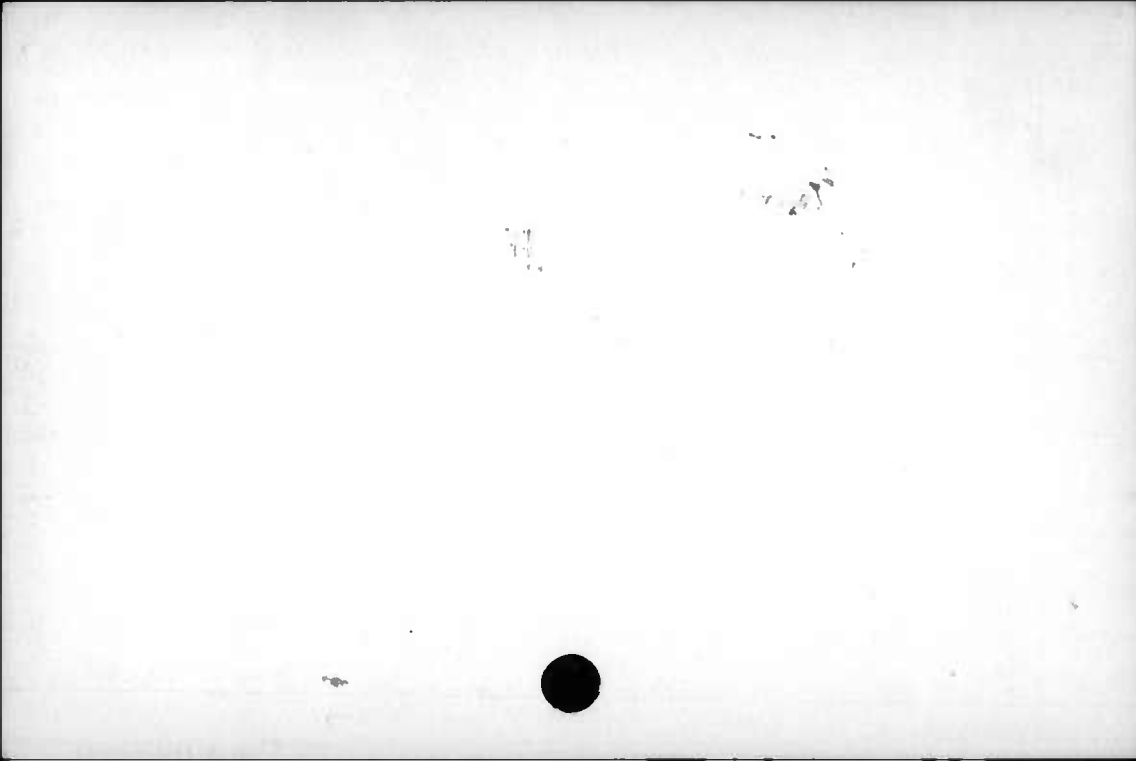
Accident or Suicide?

I do not think any doctor

attended R. L. Livingston M.D.

LIBRARY BUREAU 48816

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mannie Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

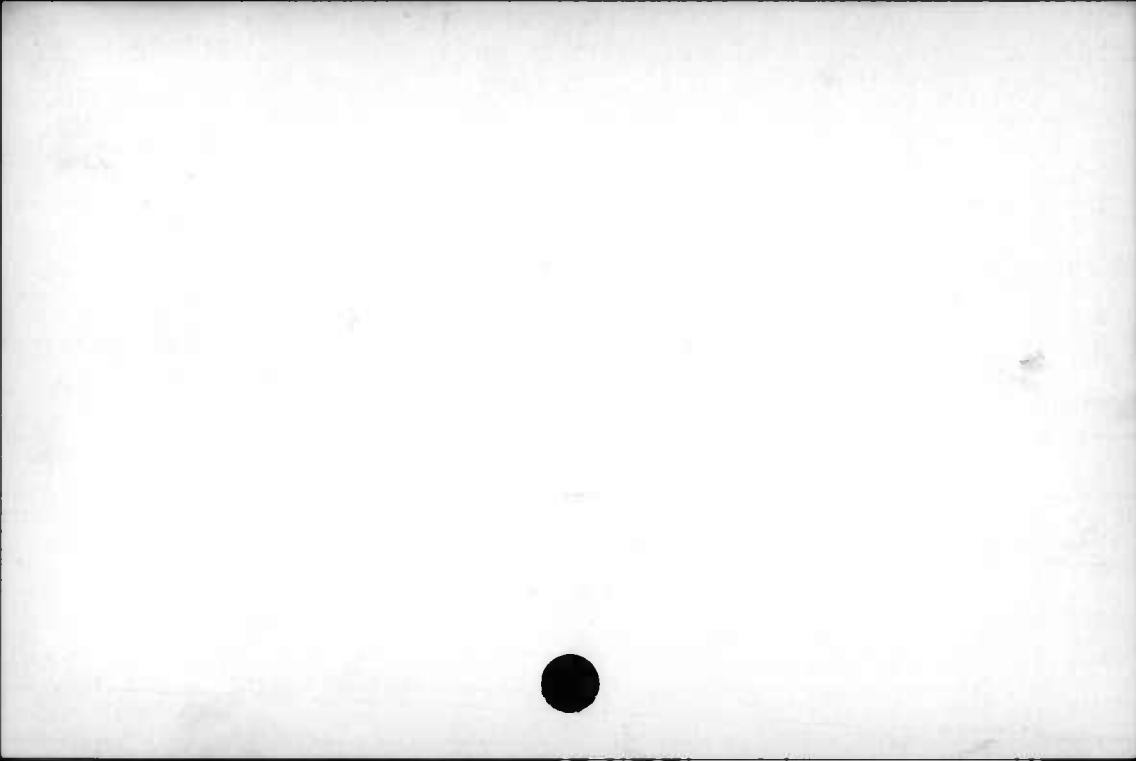
Died at <u>Adkins</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>11</u>	Day <u>27</u>	Age <u>1</u>	Months <u>9</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Child</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Henry D. Henry</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Dora Adkins</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>J. H. Adkins</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 months</u>
Immediate <u>Cholera Infantum</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Waeff</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Mary Lizzie Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

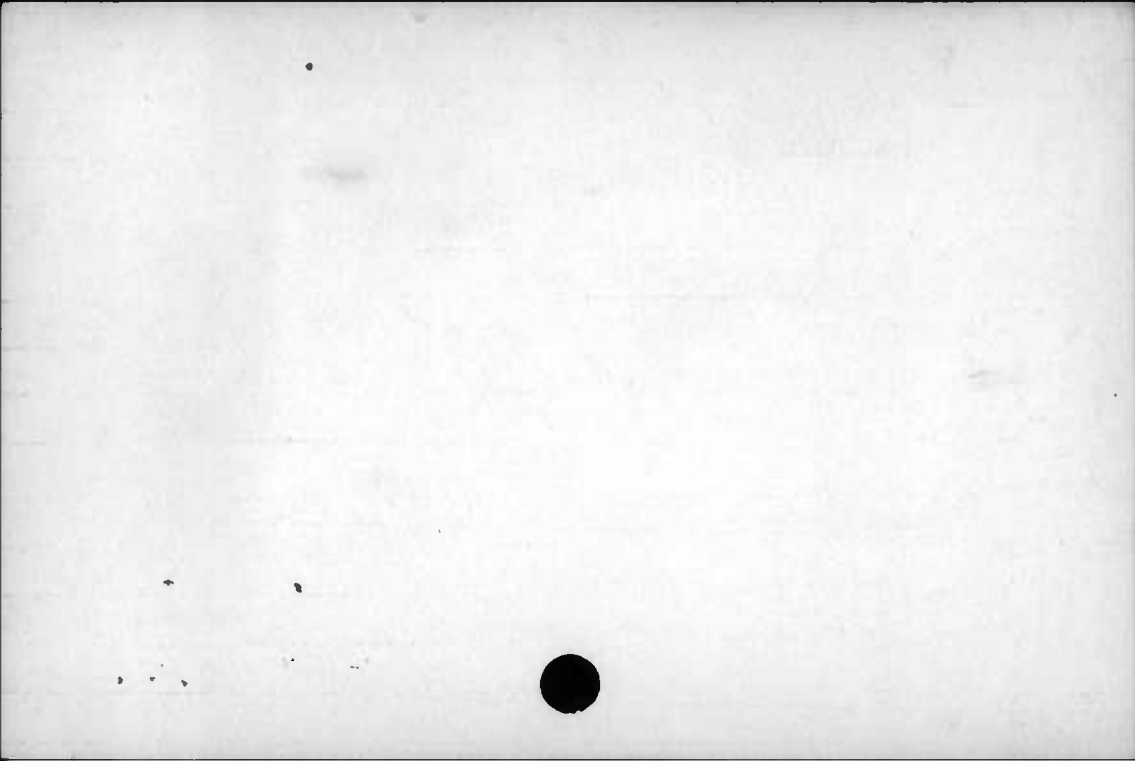
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month	Nov	Day	13 th	Age	22
Sex	<i>Female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Cambridge</i>
Occupation	<i>book</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>Annie Hughes</i>					Mother's Birthplace	<i>Cambridge</i>
Name of person giving information	<i>Alexander Light</i>					How related to deceased	<i>friend Not related</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>Arteriosclerosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. L. Yowers</i>	
		Address	
		<i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

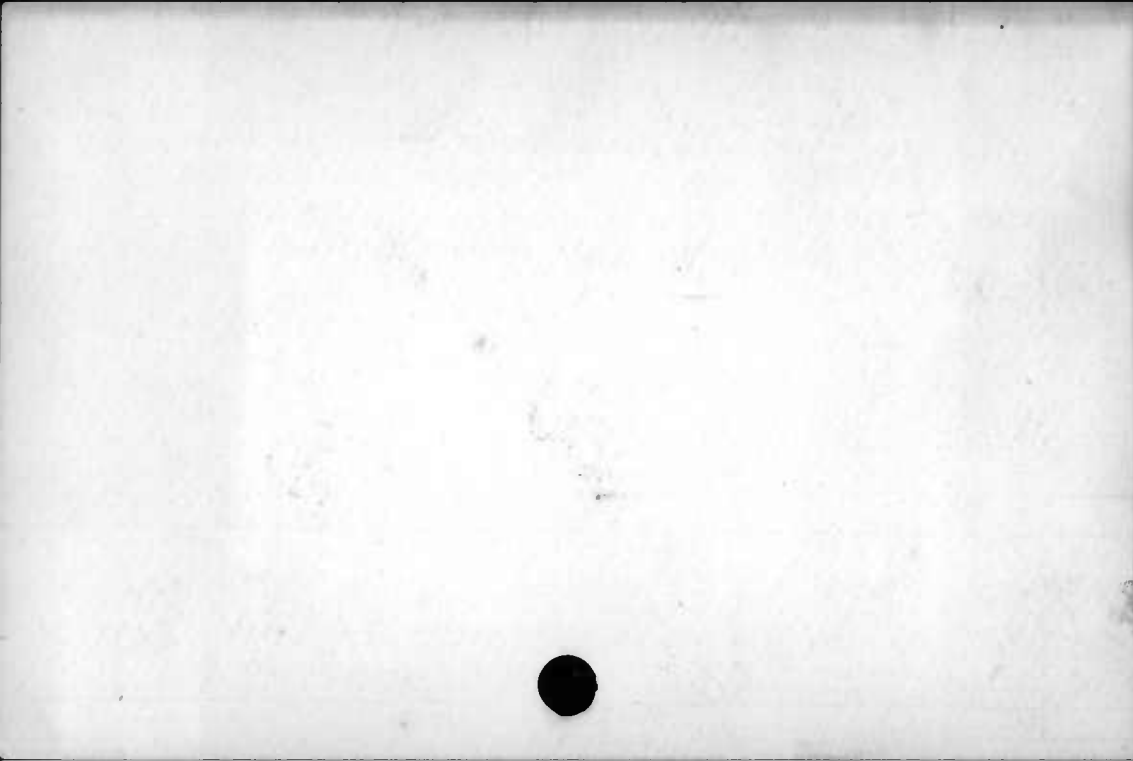
Died at <i>East New Market</i> ^{Town} <i>Dorchester</i> ^{County}		MARYLAND				
Date of death <i>1907</i>	Month <i>11</i>	Day <i>2</i>	Age <i>5</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Dorchester</i>			
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <i>Wm W. Jackson</i>		Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Mary Mobra</i>		Mother's Birthplace <i>"</i>				
Name of person giving information <i>Wm W. Jackson</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>Four months</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nicols MD</i>
	Address <i>E. N. Market Md.</i>
Assent or Dissent?	



Name in Full		Infant Jenkins				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Huntrock		County		MARYLAND				
	Date of death		1907	Month Nov	Day 30	Age		Years	Months	Days	
	Sex		Male		Color or Race		Colored		Birth- place		Dur les
	Occupation				Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband						
	Father's Name				Charles Jenkins				Father's Birthplace		Huntrock
	Mother's Maiden Name				Maggie Jones				Mother's Birthplace		San Antonio
Name of person giving in formation				Charles Jenkins				How related to deceased		Father	
		CAUSES OF DEATH				157					
PHYSICIAN OR CORONER	Primary		Weakness				How long				
	Immediate						How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. J. Madison				
					Address		Huntrock, Md				
		Accident or Suicide?									
LIBRARY BUREAU 48086											



Name
in
Full

CERTIFICATE OF DEATH

Frank Johnson

Died at Hills P. Ark

County barchester

MARYLAND

Date of death 1907 Nov

Month 27

Age 45

Months 0

Days 0

Sex Male

Color or Race Negro

Birth-place Unknown

Occupation Laborer - farm

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband

dda Johnson

Father's Name Unknown

Father's Birthplace Unk.

Mother's Maiden Name Unknown

Mother's Birthplace Unk

Name of person giving information Vernon Hamilton

How related to deceased none

CAUSES OF DEATH

79

Primary Heart. disease

How long 1 yr

Immediate Oedema of lungs

How long 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. A. Stokes.

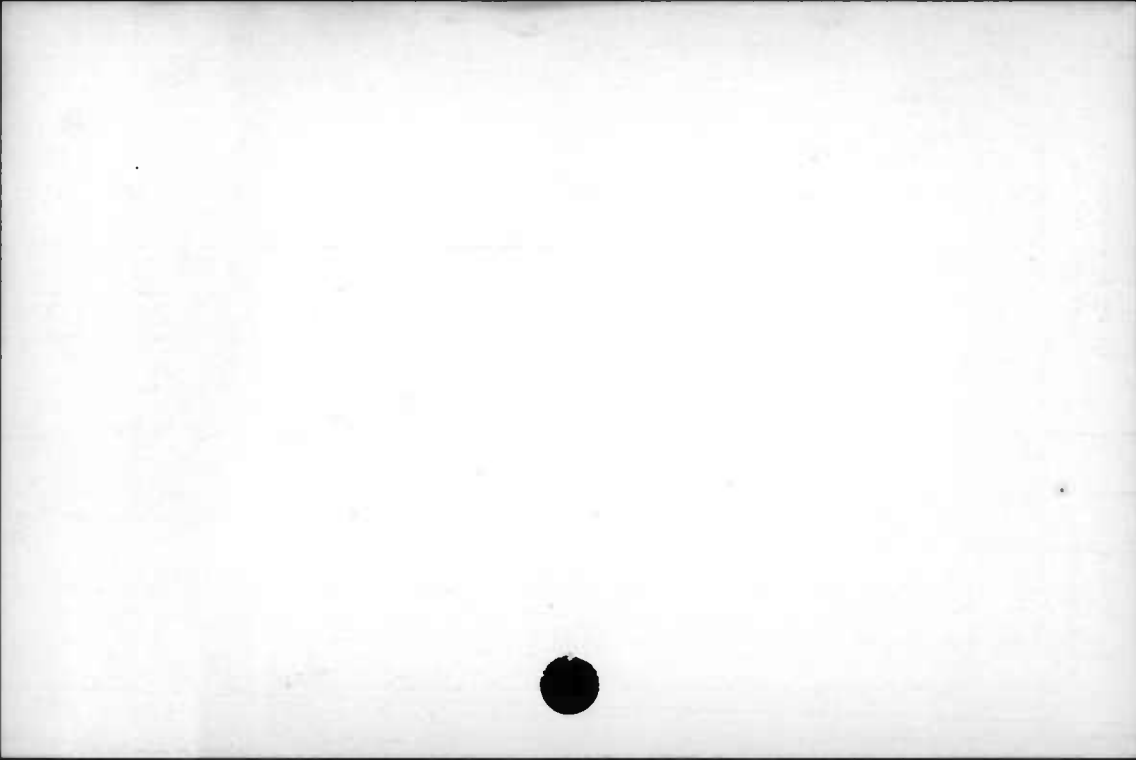
Address

R 7 b 5 Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Robert Johnson

CERTIFICATE OF DEATH

Died at Cambridge TownDorchester County

MARYLAND

Date of death 1907 - Novr. MonthDay 5thAge 47 Years

Months

Days

Sex MaleColor or Race ColoredBirth-place Cambridge Md.Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Widowed

Name of Wife or Husband

Father's Name Fortune FitzgeraldFather's Birthplace Cambridge Md.Mother's Maiden Name Harriet JohnsonMother's Birthplace Cambridge Md.Name of person giving information Alexander JohnsonHow related to deceased Brother

CAUSES OF DEATH

64

Primary Cerebral Hemorrhage.How long a few hoursImmediate Complete ParalysisHow long 3 daysAre the name, age, sex, color, date and place correctly given above? Yes

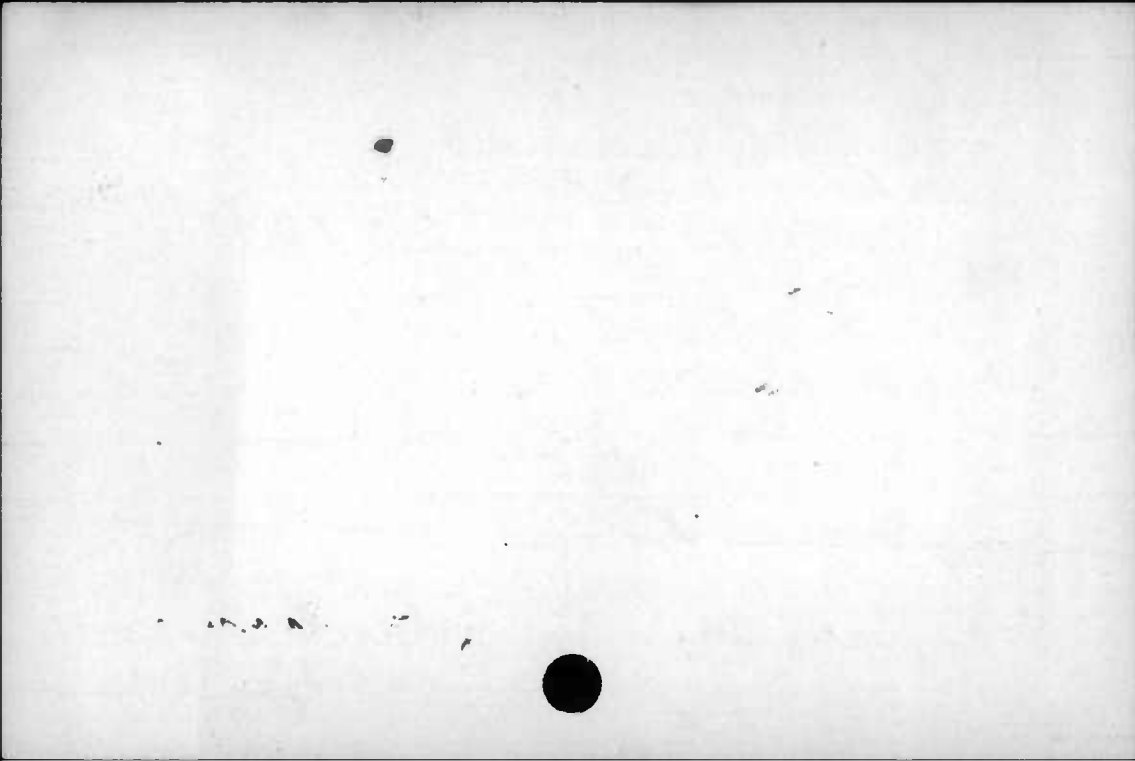
Signature of Physician

Address

Wm. Steele
Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Son of John Jones born premature

Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

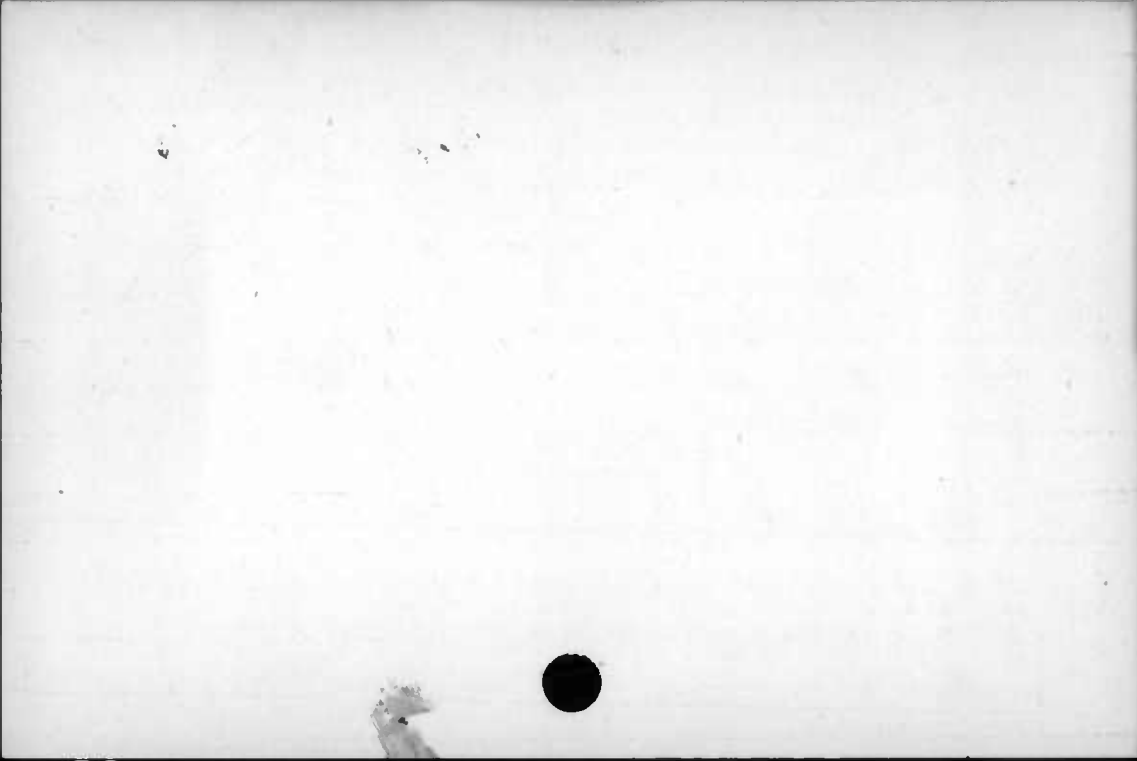
Died at <i>near Hawkey</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 190 <i>1</i> th Month	29th Day	2r Years	<i>cant say</i> Months	a Days	
Sex <i>Male</i>	Color or Race <i>Black African</i>	Birth-place <i>near Hawkey</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John W Jones</i>	Father's Birthplace <i>Dorchester County</i>				
Mother's Maiden Name <i>Ann F. Jones</i>	Mother's Birthplace				
Name of person giving information <i>John W. Jones</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

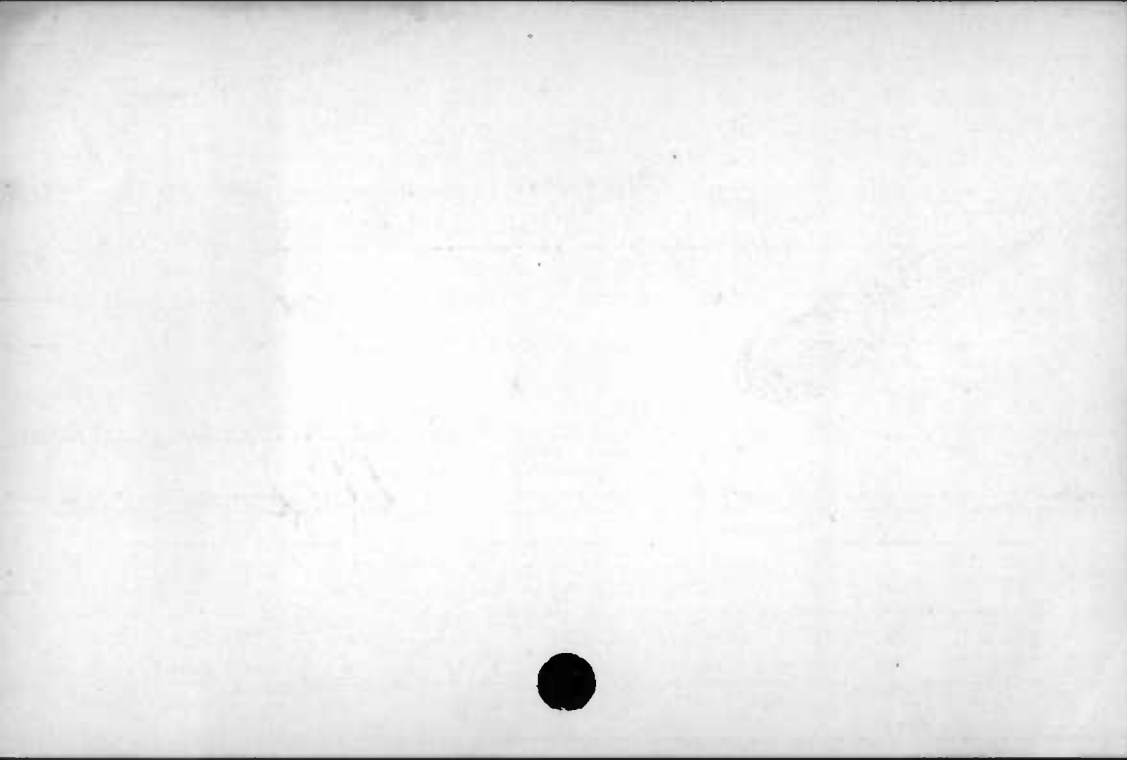
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D

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>cant say</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>had none</i>
	Address <i>E. Market Rd</i>
Accident or Suicide?	<i>Am L. Adell JP</i>



Name in Full		CERTIFICATE OF DEATH			
Jm E Jones		Died at <u>Cambridge</u> <small>Town</small>		County <u>Dorchester</u>	
		State <u>MARYLAND</u>			
TO BE ANSWERED BY NEAREST FRIEND	Date of death	1907	Month <u>Nov.</u>	Day <u>14</u>	Age <u>29</u>
	Sex	<u>Male</u>		Color or Race	<u>White</u>
	Occupation	<u>Sailor</u>		Birth-place	<u>Maryland</u>
	Where Residing if not at place of death	<u>Balto.</u>			
	Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	
	Father's Name	<u>Mr Jones</u>		Father's Birthplace	<u>"</u>
	Mother's Maiden Name	<u>Mr Jones</u>		Mother's Birthplace	<u>"</u>
Name of person giving information	<u>J. Cator Spelman</u>		How related to deceased	<u>No Relative</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Drowned</u>		How long	<u>172</u>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>		Signature of Physician	<u>John E. Jones</u>
	Address	<u>Cambridge Md.</u>			
	Accident or Suicide?	<u>accident</u>			



Name
in
Full

Ellen Martinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thompson</u> ^{Town}		<u>Lorchester Co</u> ^{County}		<u>MD</u> ^{MARYLAND}	
Date of death <u>1907</u>	<u>Nov</u> ^{Month}	<u>7</u> ^{Day}	<u>55</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Bucktown</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Thompson</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sumner Martinson</u>				
Father's Name <u>John Pinder</u>	Father's Birthplace <u>Bucktown</u>				
Mother's Maiden Name <u>Ellen Pinder</u>	Mother's Birthplace <u>Bucktown</u>				
Name of person giving information <u>Sumner Martinson</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Probably Consumption</u>	How long <u>don't know</u>
Immediate <u>Exhaustion</u>	How long <u>don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Moore</u>
	Address <u>Cowbridge Md</u>
Accident or Suicide? <u>no</u>	

2



Name
in
Full

Maggie A. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

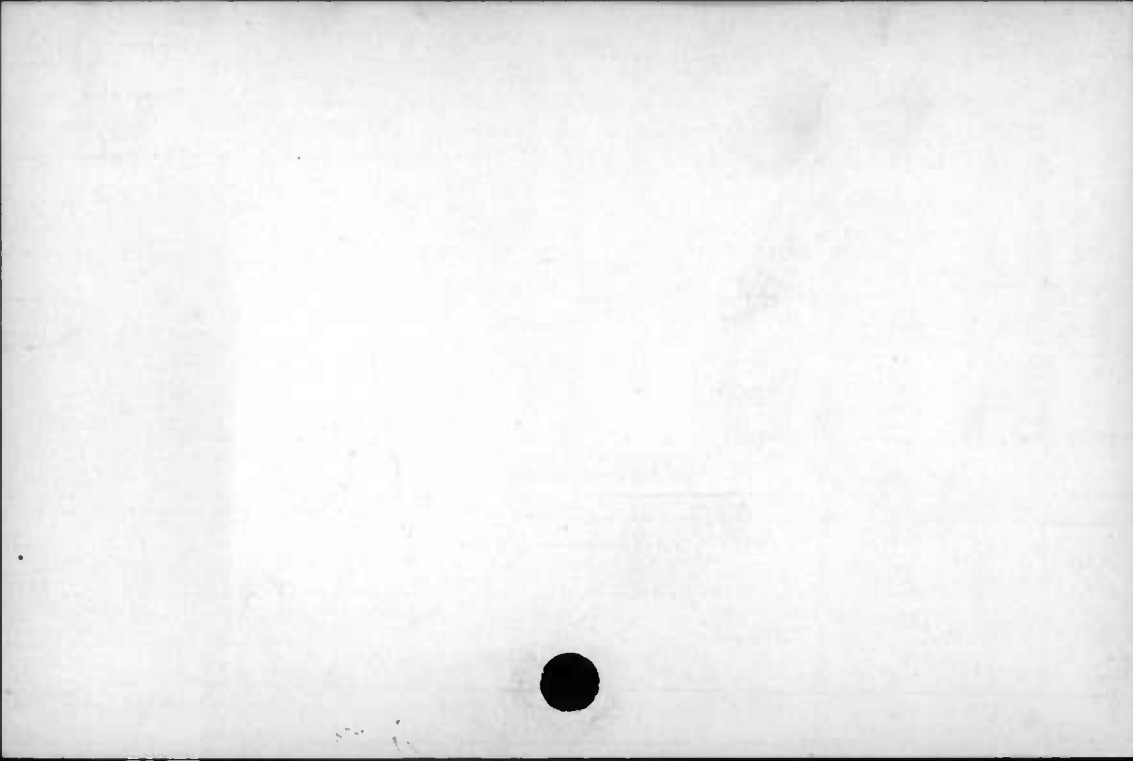
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month Nov.	Day 9 th	Age 39	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Dorchester Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	George W. Mills			
Father's Name	John N. Massey				Father's Birthplace	Dorchester Co	
Mother's Maiden Name	Sarah J. Clarence				Mother's Birthplace	Dorchester Co	
Name of person giving Information	George W. Mills				How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Can say
Immediate	Exhaustion	How long	After day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Goldsboro
		Address	Cambridge, Md
Accident or Suicide?	No		



Name
In
Full

Martha A. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

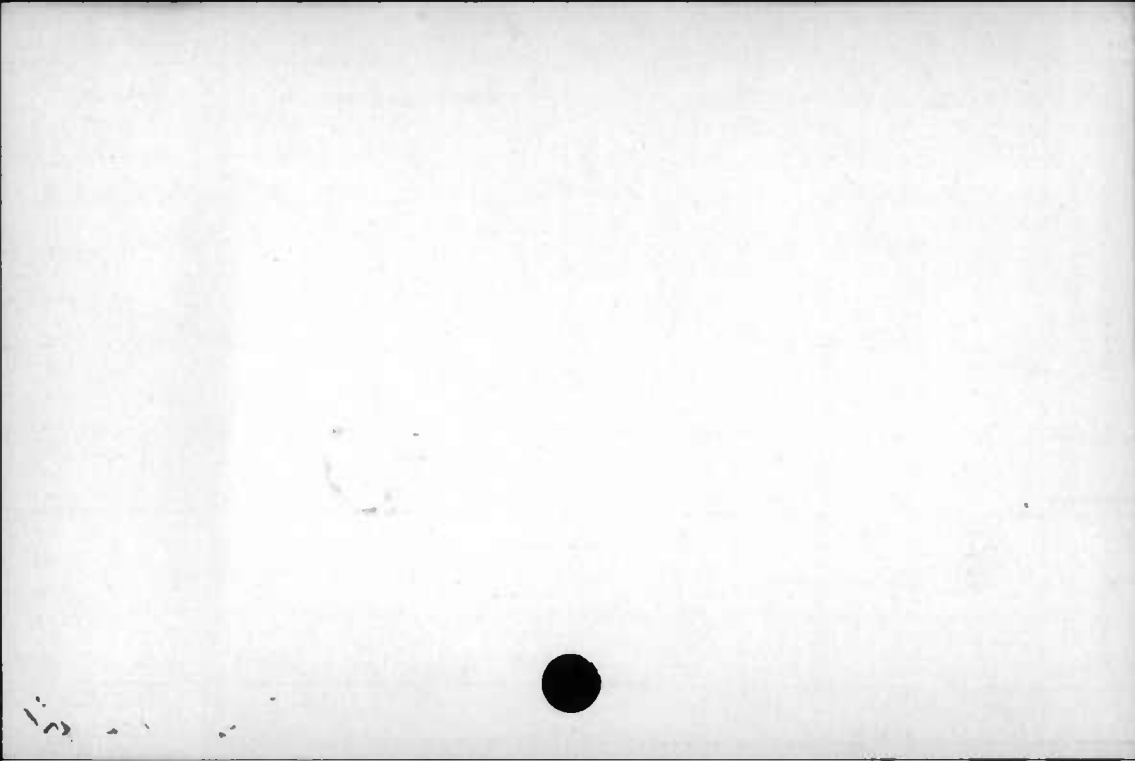
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1907	Month	Nov	Day	27
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
Female		White		Maryland	
Occupation		Where Residing if not at place of death			
None		Cambridge Md.			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Dwight L. Moore		Maryland			
Mother's Maiden Name		Mother's Birthplace			
Bessie B. Whittington					
Name of person giving information		How related to deceased			
Dwight L. Moore		Father			

CAUSES OF DEATH

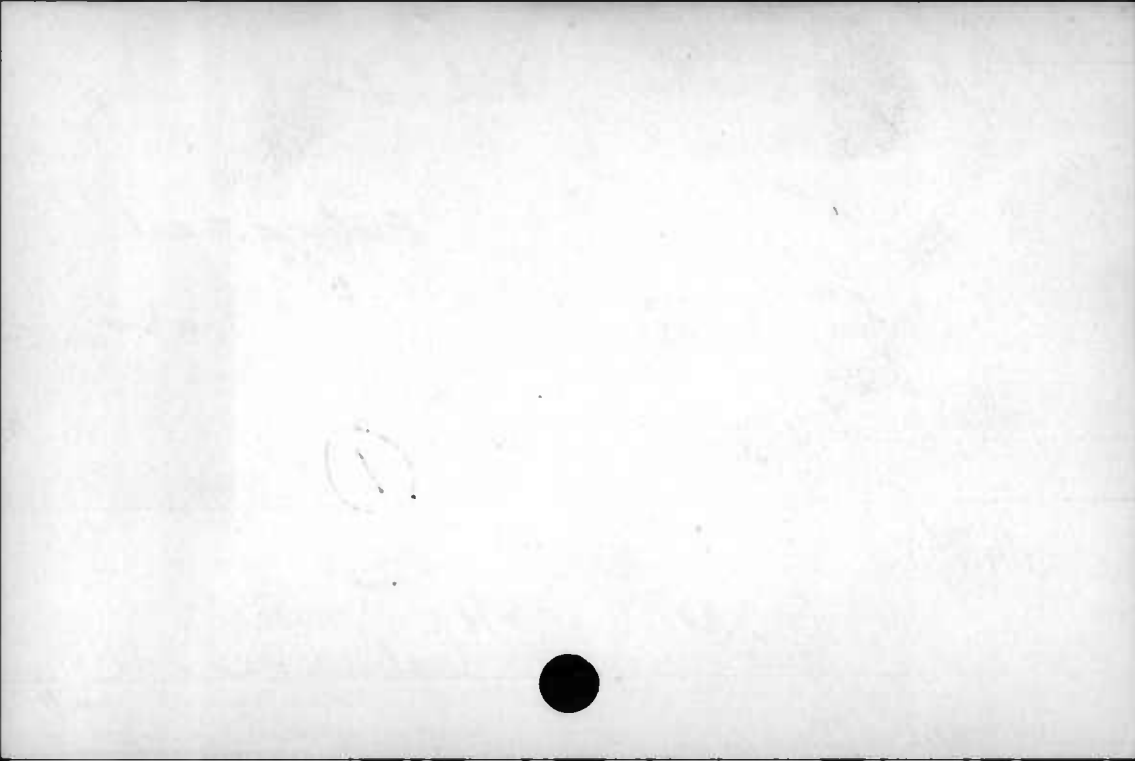
157

PHYSICIAN
OR CORONER

Primary	<u>Malaria</u>	How long	<u>Since Birth</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Dr. G. L. G. G. G.</u>	
Address		<u>Cambridge, Md.</u>	
Accident or Suicide?			



Name in Full Rider Murphy		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge <small>Town</small>		Dorchester <small>County</small>
	Date of death 1907 Nov 10		MARYLAND
	Sex Female		Color or Race White
	Occupation home child		Birth-place Maryland
	Where Residing if not at place of death Cambridge		
	Married, Single or Widowed Single	Name of Wife or Husband Felby A. Murphy	
	Father's Name Charles E. Murphy	Father's Birthplace MD	
	Mother's Maiden Name Felby A. Cannon	Mother's Birthplace "	
Name of person giving information Chas E. Murphy		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Typhoid & Pneumonia		How long 3 or 4 weeks
	Immediate Raphyria		How long Several hours
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Wolf
			Address Cambridge, Md
	Accident or Suicide?		



Name in Full

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

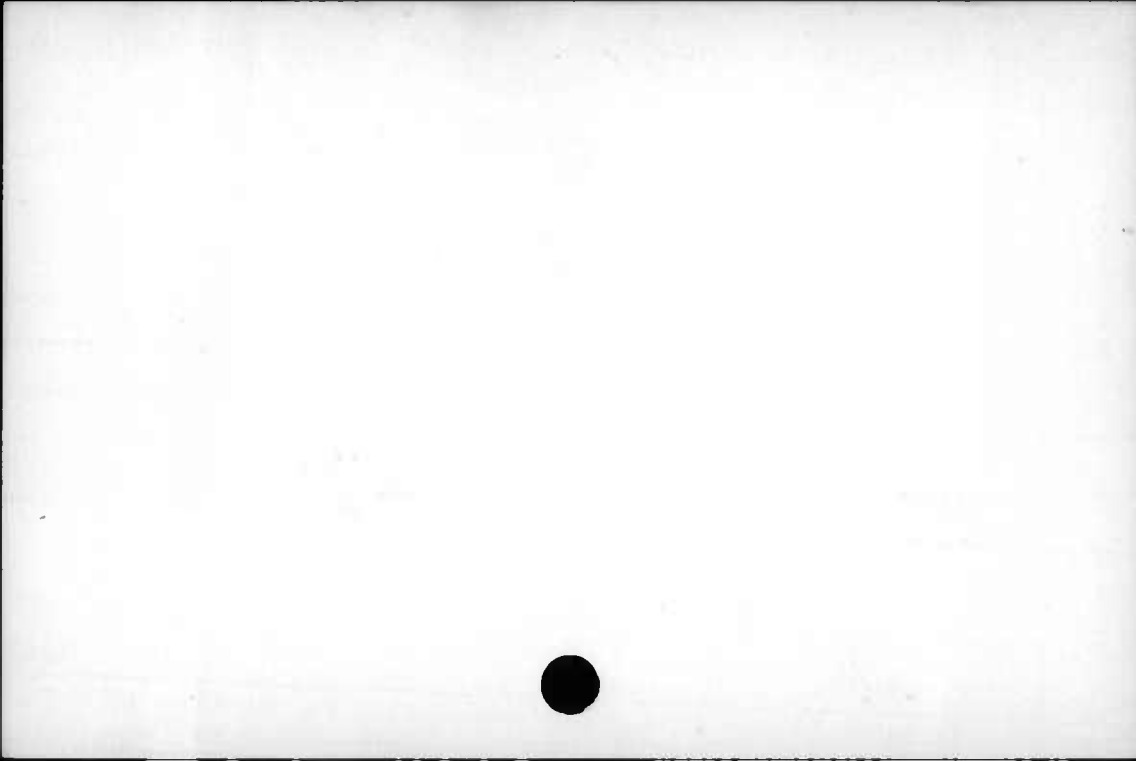
MARYLAND

Died at *Fishing Creek* Town*Don* CountyDate of death *1904 Nov 16*Age *2* YearsMonths *8*Days *10*Sex *male*Color or Race *White*Birth-place *Fishing Creek*Occupation *—*Where Residing if not at place of death *Fishing Creek*Married ☒ Single or WidowedName of Wife or Husband *—*Father's Name *John North*Father's Birthplace *Meekins Creek*Mother's Maiden Name *Bettie L North*Mother's Birthplace *Fishing Creek*Name of person giving information *John Cannon*How related to deceased *Notary*

CAUSES OF DEATH

88

Primary *Longevity*How long *24 Hours*Immediate *—*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W H. Houston*Address *Fishing Creek Md*Accident or Suicide? *—*



Name
in
Full

Mary Francis Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

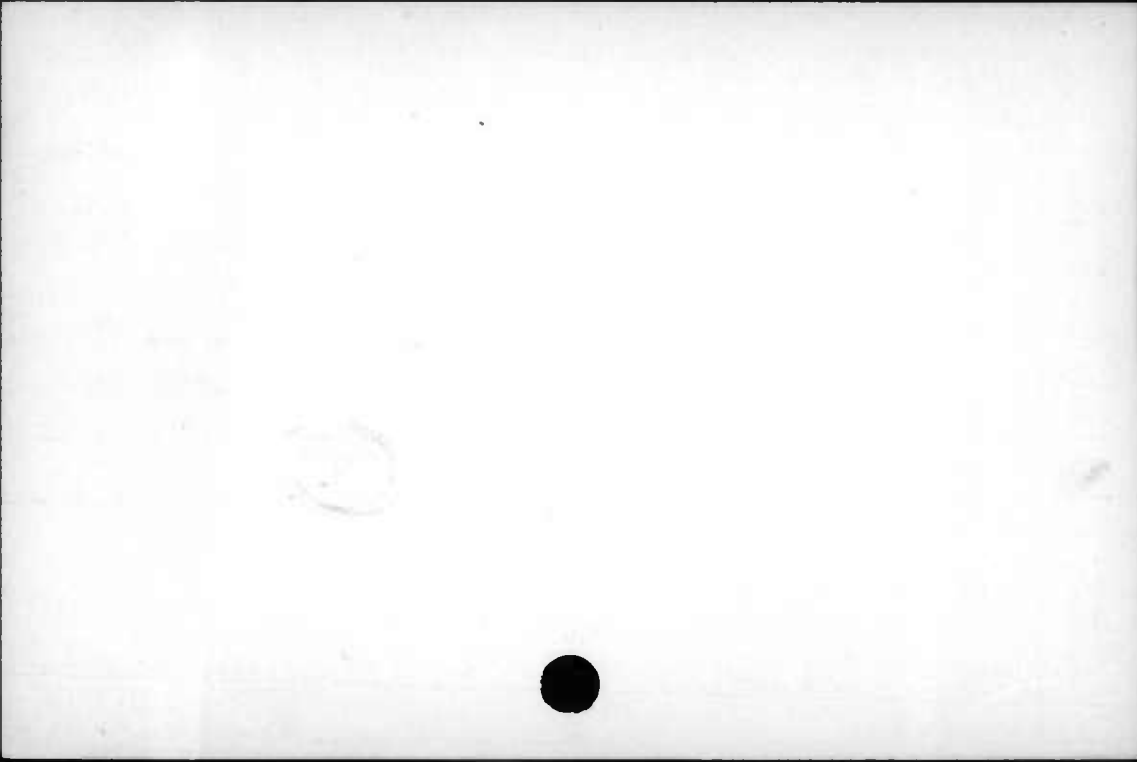
Died at Cambridge <small>Town</small>		Dorchester <small>County</small>		MARYLAND	
Date of death 1904	Nov <small>Month</small>	16th <small>Day</small>	51 <small>Years</small>	6 <small>Months</small>	 <small>Days</small>
Sex Female	Color or Race Colored		Birth-place Dorchester Co		
Occupation Oyster Shuexter		Where Residing if not at place of death _____			
Married, Single or Widowed Married	Name of Wife or Husband John Robinson				
Father's Name W.E. Matthews	Father's Birthplace Dorchester Co		Mother's Birthplace Dorchester Co		
Mother's Maiden Name Jane Cornish	Name of person giving information Mother, Cornish		How related to deceased Sister		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia (Lobar)	How long 8 days
Immediate Cardiac Failure	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dexter P. Reynolds M.D.
Q	Address Cambridge Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

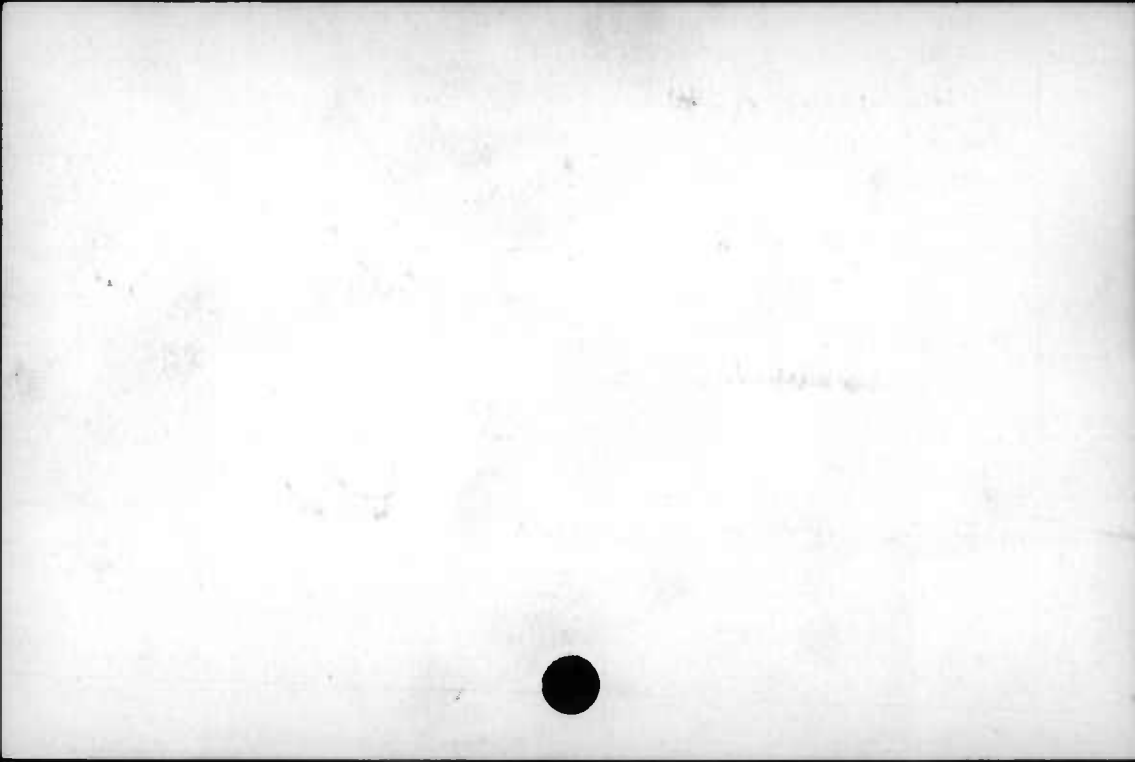
Died at <i>East New Market</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1907	Month	11	Day	4
Age	22	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Hawkeye Md
Occupation	House wife		Where Residing if not at place of death	East New Market	
Married, Single or Widowed	Married	Name of Wife or Husband	Roland Sampson		
Father's Name	Charles Tilman		Father's Birthplace	Dor. Co.	
Mother's Maiden Name	Millie Jinkings		Mother's Birthplace	Dor Co,	
Name of person giving information	Roland Sampson		How related to deceased	Husband.	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Phthisis</i>	How long	<i>Do not know</i>
Immediate	<i>Relapsing typhoid</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>H. V. Harbaugh, M.D.</i>	
Address		<i>622 W Lombard St., Balto.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

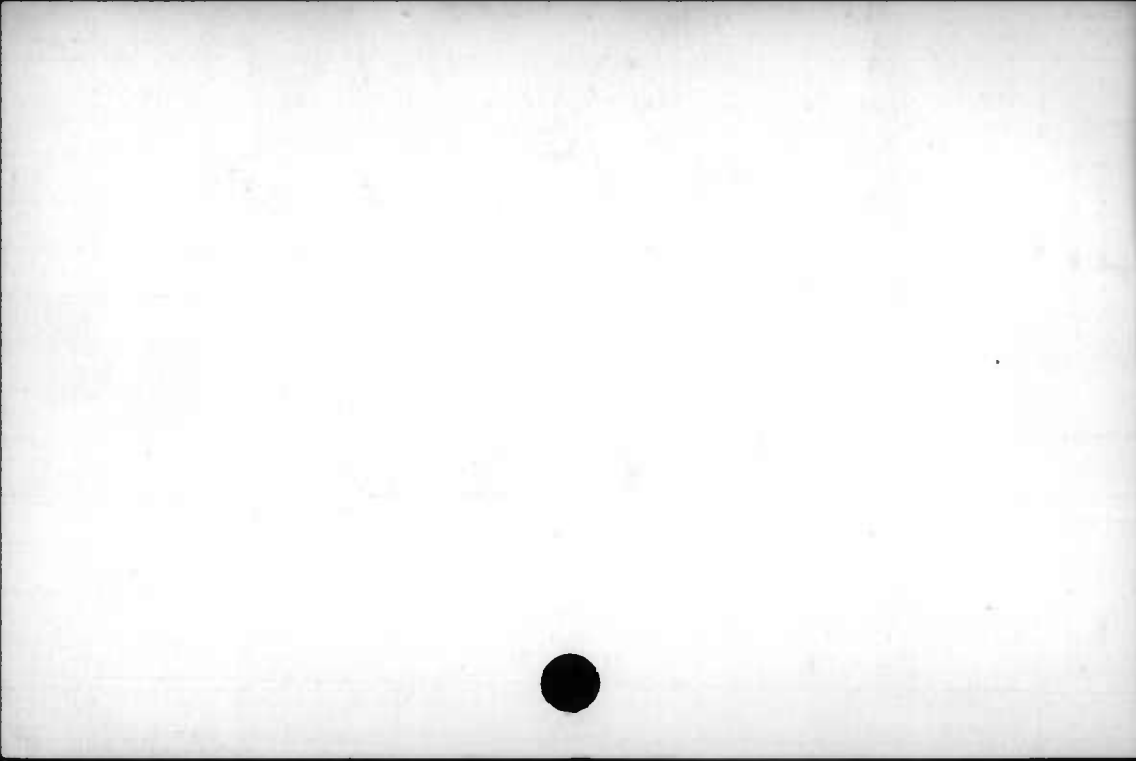
Died at Cambridge		Town		Dorchester		County	
Date of death 1907		Month 11		Day 21		Age 64	
Sex male		Color or Race white		Birth-place md		Months	
Occupation Carpenter		Where Residing if not at place of death		—		Days	
Married, Single or Widowed Married		Name of Wife or Husband Elizabeth Bradley Short		—		—	
Father's Name Unknown		Father's Birthplace Unknown		—		—	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown		—		—	
Name of person giving information Roland Howarth		How related to deceased Son-in-law		—		—	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis + Valvular Heart Disease	How long	Don't know
Immediate	Heart Failure	How long	Very short
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Wolff	
Accident or Suicide? Q		Address Cambridge Md.	



Name in Full *M. Alice Snow*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

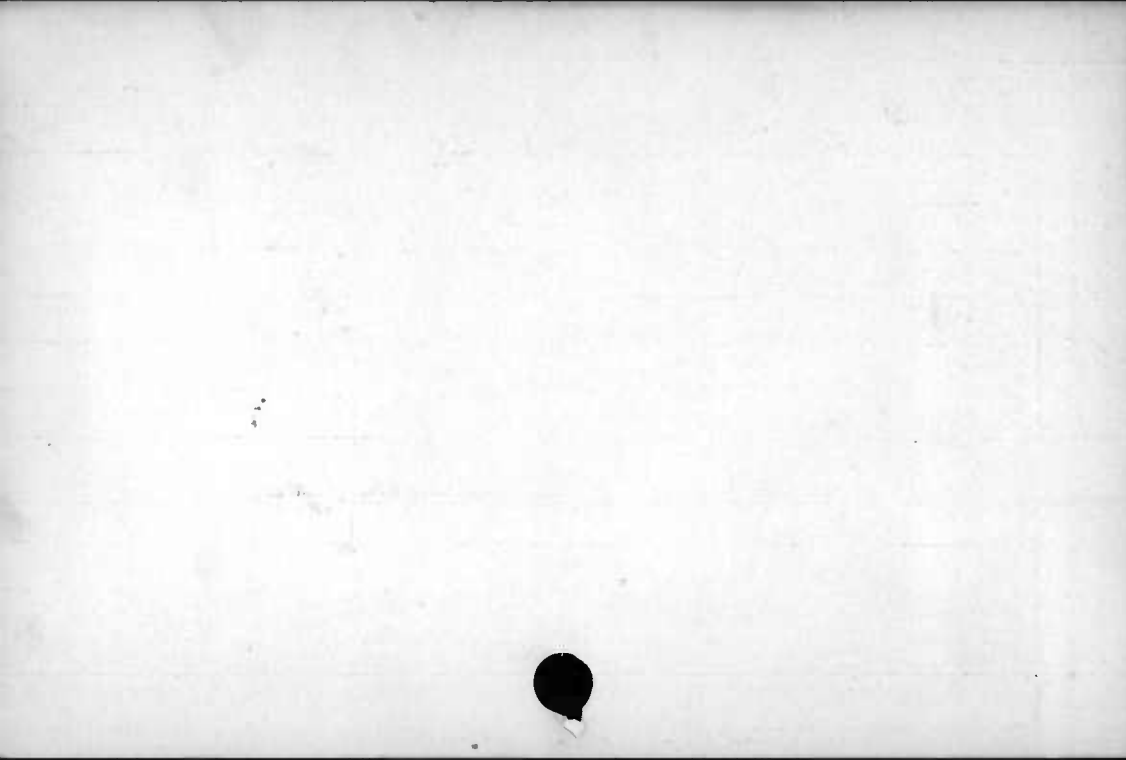
Died at <i>Cambridge</i> Town		<i>Anne Arundel</i> County	
Date of death	1907	Month	Aug.
	29	Day	
Age	14	Years	
Sex	Female	Color or Race	White
Birth-place	Maryland		
Occupation	None		
Where Residing if not at place of death		<i>Cambridge Md.</i>	
Married, Single or Widowed	Single		
Name of Wife or Husband			
Father's Name	<i>J. Frank Snow</i>		
Father's Birthplace	Ohio		
Mother's Maiden Name	<i>Alice Snow</i>		
Mother's Birthplace	Maryland		
Name of person giving information	<i>Mrs. Alice Snow</i>		
How related to deceased	Mother		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Double Valvular Heart Disease + Chronic Nephritis</i>	How long	<i>About 3 mos.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Very short</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>E. E. Woelf</i>	
Address		<i>Cambridge, Md.</i>	
Accident or Suicide?			



Name
in
Full

Horley Spry

CERTIFICATE OF DEATH

Died at *Petersburg* ^{Town}*Wachette* ^{County}

MARYLAND

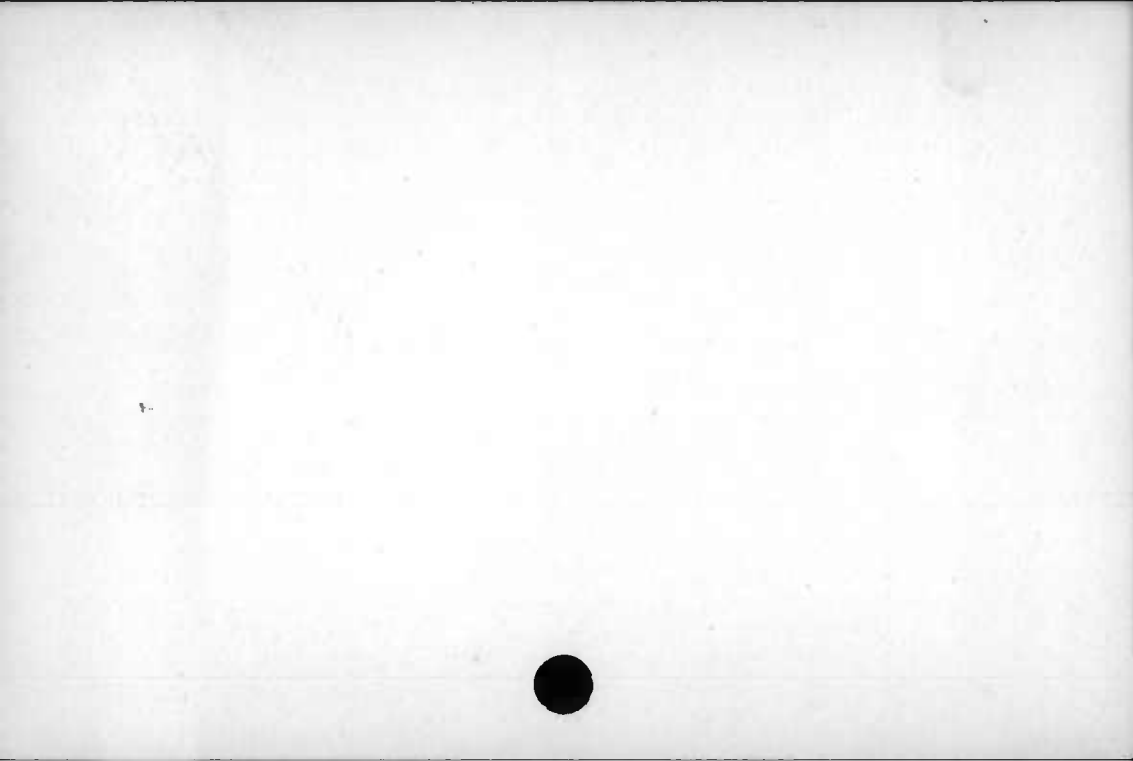
Date of death *1907* ^{Month} *Mar*Day *11*Age *2* ^{Years}Months *—*Days *—*Sex *Male*Color or Race *Colored*Birth-place *Ind.*Occupation *None*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's Name *Charley Spry*Father's Birthplace *Ind.*Mother's Maiden Name *Sarah J. Spry*Mother's Birthplace *Ind.*Name of person giving
information *—*How related
to deceased *—*

CAUSES OF DEATH

*179*Primary *Unknown*How long *2 days*Immediate *Unknown*

How long

Are the name, age, sex, color, date
and place correctly given above? *Probably*Signature of Physician *W. C. Brackley*Address *Harlock*Accident or Suicide? *9*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Easter Steuarr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

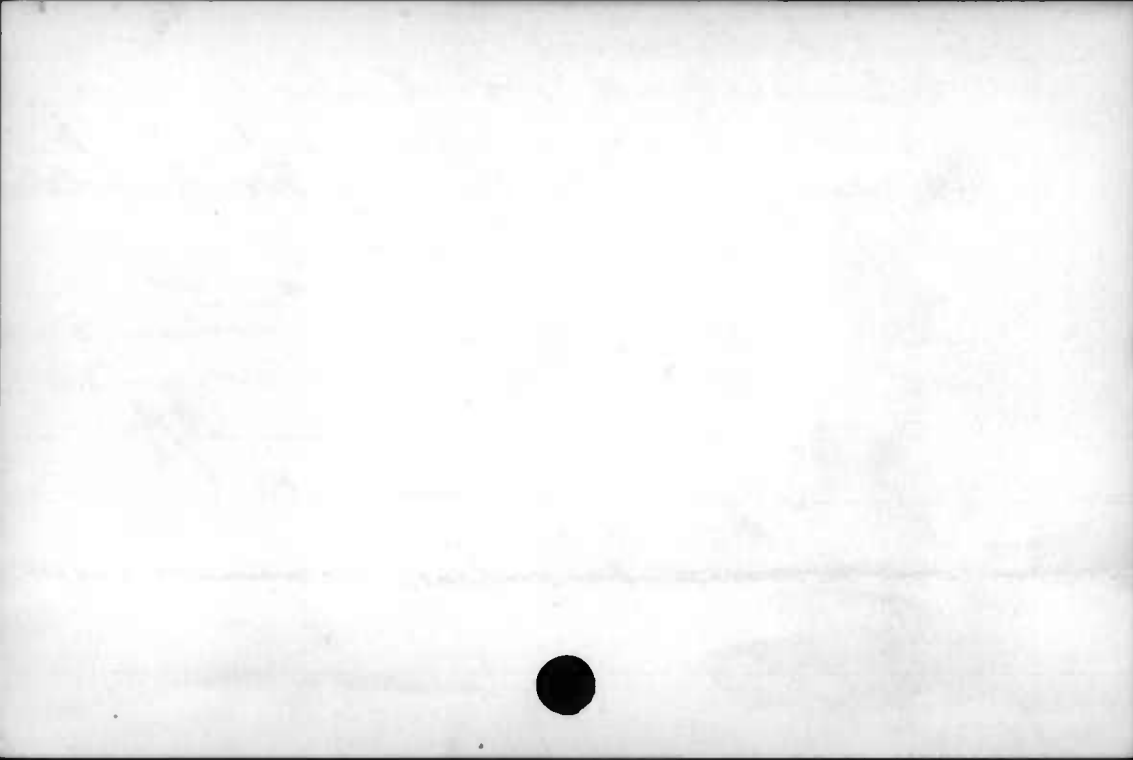
Died at <i>Vienna</i> Town		<i>Burke</i> County		MARYLAND	
Date of death	1907	Month	<i>Nov</i>	Day	<i>2nd</i>
Age		<i>62</i>		Months	<i>-</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Vienna Md</i>
Occupation	<i>House work.</i>		Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Ephraim Steuarr -</i>			
Father's Name	<i>Charles Jefferson -</i>			Father's Birthplace	<i>Vienna Md.</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Vienna Md</i>
Name of person giving information	<i>Ephraim Steuarr</i>			How related to deceased	<i>Husband.</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>about two years</i>
Immediate	<i>Exhaustion -</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Blauk.</i>	
		Address <i>Vienna Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Church Creek* ^{Town} *Dorchester* ^{County}Date of death *1907* ^{Month} *Nov.* ^{Day} *6th* ^{Years} *79* ^{Months} *1* ^{Days} *2*Sex *Male* Color or Race *White* Birth-place *Dorchester Co. Md.*Occupation *Ship Carpenter* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Angelina Thomas*Father's Name *John T. Stewart* Father's Birthplace *Dorchester Co. Md.*Mother's Maiden Name *(Unknown) Elliott* Mother's Birthplace *Dorchester Co. Md.*Name of person giving information *Angelina Stewart* How related to deceased *Wife*

CAUSES OF DEATH

(66)

Primary *Hemiplegia* How long *2 years*Immediate *Mitral insufficiency* How long *20 years*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. L. Louthian*Address *Church Creek, Md.*

Accident or Suicide?



Name
in
Full

Maggie Elizabeth Tubman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>23</i>	Age <i>3</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Columbus Tubman</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Lila Johnson</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Lila Johnson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Dont know as I only saw her once</i>
Immediate <i>Exhaustion</i>	How long <i>very short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E E Waleff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide? <i>—</i>	

